

Ex. 2

**SLIPPERY ROCK UNIVERSITY
OFFICE OF DIVERSITY AND EQUAL OPPORTUNITY**

Discrimination/Harassment Complaint

(Please print)

1. Name: Madison Harris Status: _____ Faculty ☐ *from per email*
 Local Address: 501 Cameron Dr, Slippery Rock, PA 16057 Staff ☒ *from M. Harris 12/1*
 Student ☒
 Other ☐
 Phone Number(s): 724-413-7795
 Permanent Address: 1479 State Route 168 Georgetown, PA 15043
 Phone Number: _____

2. Alleged discrimination or harassment was based on: (Check those which apply.)

_____ Race _____ National Origin _____ Disability
 _____ Color _____ Religion _____ Sexual Orientation
X Gender _____ Age _____ Veterans Status

3. A. Have you filed this charge with a federal, state or local government agency?

_____ Yes When? _____
 Month Day Year

X No

4. B. Have you instituted a suit or court action concerning this charge?

_____ Yes When? _____
 Month Day Year

X No